

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**

**Rehabilitation Supports**

***STATEMENT FOR DECLINING SERVICES***

***Head and Spinal Cord Injury Division***

**Please Type or Print**

Person's Name:

Social Security #:

A Life Skills Specialist has explained the options available to me under the Head and Spinal Cord Injury (HASCI) Rehabilitation Supports Program and I have decided not to participate at this time. I understand that declining participation now does not prohibit me from requesting Rehabilitation Supports in the future.

I understand that this decision does not directly affect my eligibility for other services which may be available through the South Carolina Department of Disabilities and Special Needs.

\_\_\_\_\_  
Person/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Life Skills Specialist

\_\_\_\_\_  
Date